

Step 1

(of 3)

Complete this 4-page
"Small Business
and/or Disabled
Veteran Business
Enterprise Certification
Application" (STD. 812, REV 7/99)

Date Stamp

For State Use Only

☐ New

☐ Renewal

REFERENCE NUMBER

SECTION A – Certification Type Requested

- Small Business (Omit Section I)
Disabled Veteran Business Enterprise (Omit Sections D, E & F unless also filing as a Small Business)
Both SB and DVBE (Complete entire application for your business type)

SECTION B – Ownership and Business Type

- OWNERSHIP TYPE (Check only one)

Sole Proprietorship

Partnership

Corporation

Joint Venture

Other

- BUSINESS TYPE (Check all that apply)

Service Firm

Construction Firm

Non-Manufacturer

Manufacturer

Pursuant to the Federal Privacy Act (P.L. 93-579) of the 1974 and the Information Practices Act (IPA) of 1977 (Civil code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this Application. The requested personal information is mandatory. The principal purpose of the mandatory information is to determine eligibility for Small Business/Disabled Veteran Business Enterprise Certification. The failure to provide all or any part of the requested information may delay processing of this Application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the appropriate IPA Officer in the Department of General Services.

3. FEDERAL EMPLOYER ID. # (FEIN)	4. SOCIAL SECURITY # (SSN)	5. DUN & BRADSTREET #	6. BUSINESS TELEPHONE NUMBER () -
7. DOING BUSINESS AS (DBA) NAME (Name used on state contract bids AND all applicable license[s])			8. BUSINESS FAX NUMBER () -
9. ALSO KNOWN AS (AKA) NAME (if any)			10. ALTERNATIVE TELEPHONE NUMBER () -
11. MAILING ADDRESS (Street address, City, State and Zip +4 Code P.O. Box OK)			12. E-MAIL ADDRESS
13. PHYSICAL ADDRESS OF YOUR PRINCIPAL OFFICE			14. HOMEPAGE ADDRESS
15. IF SUBSIDIARY, PROVIDE NAME AND ADDRESS OF PARENT COMPANY:			
16. IF PARENT COMPANY, PROVIDE NAME AND ADDRESS OF ALL SUBSIDIARIES:			

For State Use Only

SB Status	Date (from)	(through)	SB Reviewed by	Date Reviewed	
Initial Total Receipts \$	Total Receipts (Yr 2) \$	Total Receipts (Yr 3) \$	Initial # Employees	# Employees (Yr 2)	# Employees (Yr 3)
DVBE Status	Date (from)	(through)	DVBE Reviewed by	Date Reviewed	
CATEGORY	<input type="checkbox"/> Service Firm <input type="checkbox"/> Construction Firm <input type="checkbox"/> Non-Manufacturer <input type="checkbox"/> Manufacturer				

SECTION C – Ownership Information [Both Small Business and DVBE Applicants]

1. Enter date business was originally established: _____
MONTH DAY YEAR
2. Enter business's fiscal year. From: _____ To: _____
MONTH DAY YEAR MONTH DAY YEAR
3. If business ownership type changed within the last three years, give date of change: _____
and previous ownership type: _____
MONTH DAY YEAR

4. **Sole Proprietorship** [Complete this section (C4) if you checked "Sole Proprietorship" on page APP-1, Section B]
Enter the information requested below for the *sole-owner*.

NAME	TITLE	OWNERSHIP % (Must = 100%)	HOME ADDRESS Give Street Address, City, State & Zip Code (Do not use P.O. Box)
	Owner		

5. **Partnership** [Complete this section (C5) if you checked "Partnership" on page APP-1, Section B]
Enter the information requested below for *Partners*. Attach an additional sheet, if necessary.

NAME	TITLE	OWNERSHIP % (Must = 100%)	HOME ADDRESS Give Street Address, City, State & Zip Code (Do not use P.O. Box)
	Partner		
	Partner		

6. **Corporation** [Complete these sections (C6 and 7) if you checked "Corporation" on page APP-1, Section B]
Enter the *President, Vice President, Secretary* and *Treasurer* (if the firm has no VP, enter "None" next to the VP title below).
In addition, list any other *Owners, Stock Holders, Officers, and Directors*. Attach an additional sheet, if necessary.

NAME	TITLE	OWNERSHIP % (Must = 100%)	HOME ADDRESS Give Street Address, City, State & Zip Code (Do not use P.O. Box)
	President		
	Vice President		
	Secretary		
	Treasurer		

7. **Corporations incorporated less than 3 years ago:** Did the business exist as a Sole Proprietorship, Partnership, another Corporation, or other business entity prior to incorporating?

No. If 'No,' owner or officer initial here → [] to indicate agreement with the following statement:

"This business did not exist as a Sole Proprietorship, Partnership, another Corporation or other business entity prior to incorporating."

Yes. If 'Yes,' you will be instructed what to submit in Part 2 of this application process.

SECTION D – Manufacturer/Non-Manufacturer Firms [Small Business Applicants Only]

1. Is applicant firm a Franchise? No Yes
2. Is applicant firm a Broker/Agent? No Yes
If you answered "Yes" to Question D2, answer Questions D3, D4, and D5:
3. Does applicant firm take ownership/title to the goods it sells? No Yes
4. Does applicant firm warehouse the goods it sells? No Yes
5. Does applicant firm represent a manufacturer? No Yes

Section E - Business Information [Small Business Applicants Only]

1. Within the last three tax years, have any individuals listed in Section C participated as owners, general partners, officers, or directors of any *other* business entity? : No Yes: Complete Section E7 (below) for each individual.
2. Within the last three tax years, have any individuals listed in Section C participated as Responsible Managing Employees in any other business entity? No Yes: If yes, list those individuals here: _____
3. Within the last three tax years, have any individuals listed in Section C filed a "Schedule C" (Profit/Loss Statement) with their 1040 U.S. Individual Federal Tax Returns? No Yes: Complete Section E7 (below) for each individual.
4. Within the last three tax years, have any individuals listed in Section C filed a "Schedule E" (Part II) with their 1040 U.S. Individual Federal Tax Returns, indicating any Income or Loss from Partnerships or S Corporations? No Yes
If "Yes," and the Schedule E included any S Corporations, complete Section E7 (below) for each S Corporation entry.
If "Yes," and the Schedule E included any Partnerships, were they: General Partnerships Limited Partnerships
If the Schedule E included any General Partnerships, complete Section E7 (below) for each General Partnership.
If the Schedule E included any Limited Partnerships, you will be instructed what to submit in Part 2 of this application process.
5. Within the last three tax years, do any of the individuals listed in Section C have any family members who own a business?
No Yes: If "Yes," within the last three tax years were there, or are there currently, any business arrangements between the applicant firm and the family business?
No Yes: Complete Section E7 (below) for each individual.
6. Are 70% of your firm's gross annual receipts from a single manufacturer, supplier or source?
No Yes: Enter name of firm: _____

7. NAME	TITLE	OWNER-SHIP %	FIRM NAME AND ADDRESS	# of Employees (see Pg. 12)	Is the <i>firm</i> listed still in business? If no, enter date firm ceased operating		Is the <i>individual</i> listed still associated with the firm? If no, enter disassociation date	
					Y/N	Date	Y/N	Date

SECTION F - Employee Count Information [Small Business Applicants Only]

See instructions on Page 12, to calculate # of applicant firm employees →

Applicant Firm # of Employees:

1.

Enter total number of employees from Section E7 above →

Affiliate Firm(s) # of Employees:

2.

Total number of Employees:

3.

SECTION G - Construction firm Information [Both Small Business and DVBE Applicants]

1. Construction License Number	2. License Classifications	3. Qualifier's Full Name (First Middle Last)
Owner, officer and business type information submitted on this application must match CSLB records. To confirm CSLB records, call 1-800-321-CSLB or visit www.cslb.ca.gov/		

SECTION H - Service Areas [Both Small Business and DVBE Applications]

Check the service areas in which your firm can provide service or deliver commodities (check all that apply).

- | | | |
|---|---|--|
| <input type="checkbox"/> 99 Statewide | <input type="checkbox"/> 04 Sonoma, Napa, Solano, Marin, Contra Costa, Alameda, San Francisco, Santa Clara, San Mateo | <input type="checkbox"/> 08 San Bernardino, Riverside |
| <input type="checkbox"/> 01 Del Norte, Humboldt, Mendocino, Lake | <input type="checkbox"/> 05 Santa Cruz, San Benito, Monterey, Santa Barbara, San Luis Obispo, | <input type="checkbox"/> 09 Mono, Inyo |
| <input type="checkbox"/> 02 Siskiyou, Modoc, Shasta, Trinity, Lassen, Tehama, Plumas | <input type="checkbox"/> 06 Madera, Fresno, Kings, Tulare, Kern | <input type="checkbox"/> 10 Merced, Mariposa, Alpine, Stanislaus, Tuolumne, Calaveras, Amador, San Joaquin |
| <input type="checkbox"/> 03 Sierra, Butte, Glenn, Colusa, Sutter, Nevada, Placer, Yuba, El Dorado, Sacramento, Yolo | <input type="checkbox"/> 07 Ventura, Los Angeles | <input type="checkbox"/> 11 San Diego, Imperial |
| | | <input type="checkbox"/> 12 Orange |

SECTION I – DVBE Management and Operational Control [DVBE Applicants Only]

1. Enter the name of the person responsible for the negotiation, execution, and signature of contracts: →
Is the individual named above a Disabled Vet? Yes No
2. Enter the name of the person responsible for signing financial transactions and agreements: →
Is the individual named above a Disabled Vet? Yes No
3. Enter the name of the person who possesses the experience, education, knowledge and qualification in the firm's field of operation: →
Is the individual named above a Disabled Vet? Yes No
4. *Corporations Only:* Enter the name of the person authorized to appoint, elect, and remove the majority of the board of directors. →
Is the individual named above a Disabled Vet? Yes No
5. Are salary and/or profits of the DVBE owner/s and/or manager/s commensurate with their ownership interest? Yes No
6. Enter the name, title and DV status of the person who controls the operation of the firm in the following areas:

	<i>Name</i>	<i>Title</i>	<i>Disabled Veteran?</i>	
Financial:			Yes	No
Bonding:			Yes	No
Supervision of Subordinates:			Yes	No
Workforce (subordinates or subcontractors) :			Yes	No
Equipment:			Yes	No
Materials:			Yes	No
Facilities (Office and/or Yard) :			Yes	No
7. Is/are the Disabled Veteran Business Owner(s) and/or Managers resident(s) of the State of California? Yes No

SECTION J – SIC Code Selection [Both Small Business and DVBE Applicants]

Enter the Standard Industrial Classification (SIC) Codes that best describe the products or services offered by your firm. The SIC Codes you select must correspond to the Business Type(s) that you requested on App-1, Section B2.

- "Service" codes are listed on pages 19 – 22.
- "Non-Manufacturing" codes are listed on pages 22 – 24.
- "Manufacturing" codes are listed on pages 24 – 28.
- **"Construction" firms** do not need to enter SIC codes; construction firms will be certified under their CSLB license type.

4-Digit Code	SIC Code Description	4-Digit Code	SIC Code Description
4-Digit Code	SIC Code Description	4-Digit Code	SIC Code Description
4-Digit Code	SIC Code Description	4-Digit Code	SIC Code Description

SECTION K – Original Signature of Owner or Officer

Any person willfully providing false information is subject to serious penalties. The signatory of this document must be the applicant firm's owner and/or officer and certify that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful. *I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Owner/Officer's <i>Original</i> Signature (No photocopies or faxes)	Title	Date Signed

Proceed to Step 2

You've completed Step 1 of the 3-step application process. Please proceed to Step 2 (on pages 3 – 7) and select the "Submission Requirements Checklist" that matches the Ownership Type you selected in Section B1 of this application.

Step 2

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Select the "Submissions Requirement Checklist" that matches your Ownership Type: Sole-Proprietor, Partnership, Corporation or Joint Venture. DVBE's select the DVBE Checklist.

Submission Requirements Checklist

Certification Type: **Small Business**

Ownership Type: **Sole-Proprietorship**

If you indicated in Section B2 that you are applying for Small Business certification as a Sole Proprietor, you must submit:

- ☐ A completed, signed application.
- ☐ Copies of all business related licenses and/or permits, if applicable.
- ☐ The ENTIRE, SIGNED 1040 federal tax returns for the three most recently completed tax years, regardless of the years in business.
 - Submit the entire federal tax return, including statements, W-2s, 1099s, etc.
 - Each tax return must be signed by an owner of the company.
 - Do not send California tax returns—only federal.
 - Even if the business for which you are seeking certification has been in business less than three years, you must submit 1040s for the three most recently completed tax years.

If your most recent tax year has ended, and you haven't yet filed tax returns:

- ☐ Submit the "Affidavit of Income" on page 15. If your IRS tax filing deadline has passed, include a copy of your tax filing extension from the IRS.

If you listed any affiliated businesses in Section E7, for each business listed submit:

- ☐ The affiliated business', ENTIRE, SIGNED federal tax returns for the three most recently completed tax years
 - Submit the entire federal tax return, including statements, W-2s, 1099s, etc.
 - Each tax return must be signed by an owner of the company.
 - Do not send California tax returns—only federal.

If you indicated in Section E4 that any Schedule Es were filed, and that they contained Limited Partnerships, submit:

- ☐ The federal K-1s for each Limited Partnership

If you entered a number greater than 0 in Section F1, indicating that your firm has employees, submit:

- ☐ Signed copies of your firm's last four quarterly DE-6 forms as submitted to the California Employment Development Department (EDD), verifying your average, annual number of employees.

If you entered a number greater than 0 in Section F2, indicating that affiliated firms have employees, submit:

- ☐ Signed copies of the firms' last four quarterly DE-6 forms as submitted to the California Employment Development Department (EDD), verifying the average, annual number of employees.

If you indicated in Section D1 that your firm is a franchise, submit:

- ☐ Copies of all franchise agreements

*You're almost done!
Now that you've gathered
all the required documents,
go to Step 3 (page 8)*

Step 2

(of 3)

Select the "Submissions Requirement Checklist" that matches your Ownership Type: Sole-Proprietor, Partnership, Corporation or Joint Venture. DVBE's select the DVBE Checklist.

Submission Requirements Checklist

Certification Type: **Small Business**

Ownership Type: **Partnership**

If you indicated in Section B2 that you are applying for Small Business certification as a Partnership, you must submit:

- ☐ A completed, signed application.
- ☐ Copies of all business related licenses and/or permits, if applicable.
- ☐ A copy of the Partnership Agreement and any subsequent amendments.

- ☐ The ENTIRE, SIGNED 1065 federal tax returns for the three most recently completed tax years, or, if the Partnership has existed for less than three years, 1065 tax returns for the years the firm has existed as a Partnership;
AND
- ☐ The ENTIRE, SIGNED federal tax returns for each partner for the three most recently completed tax years, regardless of the number of years the Partnership has existed.
 - If the partner is an individual, submit 1040s; if the partner is another partnership, submit 1065s; if the partner is a corporation, submit 1120s.
 - Submit the entire federal tax return, including statements, W-2s, 1099s, etc.
 - Each tax return must be signed by the individual, or by an owner or officer of the company.
 - Do not send California tax returns—only federal.

If your most recent tax year has ended, and you haven't yet filed tax returns:

- ☐ Submit the "Affidavit of Income" on page 15. If your IRS tax filing deadline has passed, include a copy of your tax filing extension from the IRS.

If you listed any affiliated businesses in Section E7, for each business listed submit:

- ☐ The affiliated business' federal tax returns for the three most recently completed tax years
 - Submit the entire federal tax return, including statements, W-2s, 1099s, etc.
 - Each tax return must be signed by an owner of the company.
 - Do not send California tax returns—only federal.

If you indicated in Section E4 that any Schedule Es were filed, and that they contained Limited Partnerships, submit:

- ☐ The federal K-1s for each Limited Partnership

If you entered a number greater than 0 in Section F1, indicating that your firm has employees, submit:

- ☐ Signed copies of your firm's last four quarterly DE-6 forms as submitted to the California Employment Development Department (EDD), verifying your average, annual number of employees.

If you entered a number greater than 0 in Section F2, indicating that affiliated firms have employees, submit:

- ☐ Signed copies of the firms' last four quarterly DE-6 forms as submitted to the California Employment Development Department (EDD), verifying the average, annual number of employees.

If you indicated in Section D1 that your firm is a franchise, submit:

- ☐ Copies of all franchise agreements

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Step 2

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Select the "Submissions Requirement Checklist" that matches your Ownership Type: Sole-Proprietor, Partnership, Corporation or Joint Venture. DVBE's select the DVBE Checklist.

Submission Requirements Checklist

Certification Type: **Small Business**

Ownership Type: **Corporation**

If you indicated in Section B1 that you are applying for Small Business certification as a Corporation, you must submit:

- ☐ A completed, signed application
- ☐ Copies of all business related licenses and/or permits, if applicable.
- ☐ Statement by Domestic Stock. Submit the most recent version, showing officers and directors.
- ☐ Corporate by-laws and any subsequent amendments.
- ☐ Secretary of State document indicating the incorporation date
- ☐ Articles of Incorporation and any subsequent amendments, including date approved by the State.
- ☐ Corporation minutes showing the most recent officer election
- ☐ If a foreign corporation, authority to do business in California

- ☐ The ENTIRE, SIGNED 1120 (or 1120S or 1120A) federal tax returns for the three most recently completed tax years (or, if incorporated less than three years, submit returns for the years incorporated).
 - Submit the entire federal tax return, including statements.
 - Each tax return must be signed by an owner or officer of the company.
 - Do not send California tax returns—only federal.

If your most recent tax year has ended, and you haven't yet filed tax returns:

- ☐ Submit the "Affidavit of Income" on page 15. If your IRS tax filing deadline has passed, include a copy of your tax filing extension from the IRS.

If you answered 'Yes' to Item D7, indicating that the corporation has been incorporated less than three years and existed as a sole proprietorship, partnership, another corporation, or other business entity prior to incorporating, submit:

- ☐ The ENTIRE, SIGNED federal tax returns for the years the business existed as another business entity.
 - Returns submitted for both the current corporation and the prior business structure should cover a 36 month period.
 - Submit the entire federal tax return, including statements, W-2s, 1099s, etc.
 - Each tax return must be signed by an owner or officer of the company.
 - Do not send California tax returns—only federal.

If you listed any affiliated businesses in Section E7, for each business listed submit:

- ☐ The affiliated business' federal tax returns for the three most recently completed tax years
 - Submit the entire federal tax return, including statements, W-2s, 1099s, etc.
 - Each tax return must be signed by an owner or officer of the company.
 - Do not send California tax returns—only federal.

If you indicated in Section E4 that any Schedule Es were filed, and that they contained Limited Partnerships, submit:

- ☐ The federal K-1s for each Limited Partnership

If you entered a number greater than 0 in Section F1, indicating that your firm has employees, submit:

- ☐ Signed copies of your firm's last four quarterly DE-6 forms as submitted to the California Employment Development Department (EDD), verifying your average, annual number of employees.

If you entered a number greater than 0 in Section F2, indicating that affiliated firms have employees, submit:

- ☐ Signed copies of the firms' last four quarterly DE-6 forms as submitted to the California Employment Development Department (EDD), verifying the average, annual number of employees.

If you indicated in Section D1 that your firm is a franchise, submit:

- ☐ Copies of all franchise agreements

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Step 2:

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Select the "Submissions Requirement Checklist" that matches your Ownership Type: Sole-Proprietor, Partnership, Corporation or Joint Venture. DVBE's select the DVBE Checklist.

Submission Requirements Checklist

Certification Type: Disabled Veteran Business Enterprise

DVBE's: If you're also applying for certification as a Small Business, be sure to select the appropriate "Submission Requirements Checklist" for your Small Business type as well.

All DVBE Applicants:

- ☐ A completed, signed application.
- ☐ Copies of all business related licenses and/or permits.

If you are seeking first-time certification as a DVBE OR if you are a previously-certified DVBE whose certification has expire, OR if your service-connected disability status had changed, submit:

- ☐ An "Award of Entitlement" from the U.S. Department of Veteran Affairs or the Department of Defense for each disabled veteran owner/officer:
 - The letter must be dated within 6 months from the date you submit your DVBE certification application to OSBCR.
 - The letter must certify or declare the existence of a service-connected disability of at least 10%. (Note: in the past, some federal agencies have issued letters that declare, for example, a service-connected disability of "no more than 30%." Such a letter is NOT acceptable, since it can imply a disability of less than 10%).

If you are a currently-certified DVBE submitting an application to renew your DVBE certification, and your current certification is still valid, submit the:

- ☐ Disability Renewal Statement (Std. 812B), on page 17 of this application package.

DVBE Partnerships: *If you indicated in Section B2 that you are applying for certification as a DVBE Partnership, you must submit:*

- ☐ All of the documentation required in the Section above, entitled "All DVBE Applicants."
- ☐ A copy of the Partnership Agreement and any subsequent amendments.

DVBE Corporations: *If you indicated in Section B2 that you are applying for certification as a Disabled Veteran Business Enterprise Corporation, you must submit:*

- ☐ All of the documentation required in the Section above, entitled "All DVBE Applicants."
- ☐ Statement by Domestic Stock. Submit the most recent version, showing officers and directors.
- ☐ Corporate by-laws and any subsequent amendments.
- ☐ Secretary of State document indicating the incorporation date
- ☐ Articles of Incorporation and any subsequent amendments, including date approved by the State.
- ☐ Corporation minutes showing the most recent officer election
- ☐ If a foreign corporation, authority to do business in California

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Step 2:

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Select the "Submissions Requirement Checklist" that matches your Ownership Type: Sole-Proprietor, Partnership, Corporation or Joint Venture. DVBE's select the DVBE Checklist.

Submission Requirements Checklist

Certification Type: **Small Business or DVBE**

Ownership Type: **Joint Venture**

If you are a Small Business or a DVBE seeking certification for your joint venture, regulation requires that each co-adventuring business be certified separately before applying for joint venture certification. This checklist assumes that each co-adventuring business has already been certified and that the application being submitted with this checklist is the joint venture application.

- ☐ A completed, signed application for the Joint Venture.
- ☐ A copy of each co-adventuring firm's current, certification approval letter from the Office of Small Business Certification and Resources.
- ☐ A copy of the signed Joint Venture Agreement.
- ☐ Copies of all business related licenses and/or permits, if applicable.
- ☐ A copy of the solicitation package on which the Joint Venture is bidding.

NOTE: Joint Venture applications and all appropriate documentation must be received by the Office of Small Business Certification and Resources no later than 5 days prior to the Bid Opening Date.

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Step

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■ Submit Your
■ Completed
Application
and Required
Documents

Traditional

If you're not actively bidding on a contract, just mail or drop off your completed application--and all the required documents--and you'll receive a response within 4 – 6 weeks.

Submit your completed application and all required documents to:

*The Office of Small Business Certification and Resources
1531 I Street, 2nd Floor
Sacramento, CA 95814-2016*

Expedite

If you're actively bidding on a state contract, the Expedite option may work for you. Submit:

- a completed application (and all required documents)
- a copy of the bid cover page, showing the Bid Opening Date (BOD), and
- a brief written request for expedited service

*The Office of Small Business Certification and Resources
1531 I Street, 2nd Floor
Sacramento, CA 95814-2016*

Requests for expedited processing should be submitted at least 5 working days prior to the bid opening date. Our staff works closely with you to help you receive certification review by your bid deadline.

Appointment

Schedule an appointment with our certification staff, and you'll receive personalized assistance in completing the certification process. If you've arrived with all the appropriate documentation and your firm meets the criteria, you can leave with your certification. Schedule an appointment by:

Phone: (916) 323-5478
Fax: (916) 442-7855
Internet: <http://www.dgs.ca.gov/osbcr>